

**GREEN BELT MOTOR CLUB & HARROW CC
TAMS PACKAGING NORTH WEALD SPRINT
SUNDAY 25th APRIL 2010
ENTRY FORM**

SPONSOR / TEAM NAME _____

DRIVER

Name _____

Address _____

_____ Postcode _____

E-mail address _____

Tel No. _____ Club _____

Comp Licence No. _____ Type/Grade _____

AEMC CHAMPIONSHIP CONTENDER YES/NO

ASEMC CHAMPIONSHIP CONTENDER YES/NO

DO YOU HOLD/HAVE YOU HELD A VALID RTA (DRIVING LICENCE) YES/NO

MAKE OF CAR _____ MODEL _____

ENGINE CAPACITY _____ cc COLOUR _____ REG No _____

CLASS _____ SUPERCHARGED/TURBOCHARGED YES/NO DIESEL YES/NO

NAME (IF APPLICABLE) OF 2nd DRIVER: (Must complete a separate Entry Form)

ENTRY FEE OF £60.00, £5 DISCOUNT FOR GBMC/HCC MEMBERS (CHEQUES MADE PAYABLE TO GREEN BELT MOTOR CLUB) PLUS THIS ENTRY FORM COMPLETED IN EVERY DETAIL TO BE FORWARDED TO:-

CHRIS DEAL
209 LATYMER ROAD
LOWER EDMONTON
LONDON
N9 9PN
TEL: 07833 086780

N.B. DON'T FORGET TO SIGN THE INDEMNIFICATION OVERLEAF

RECEIVED	ACKNOWLEDGED	FINALS	RESULTS	START NUMBER

INDEMNIFICATION

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle is suitable and roadworthy for the event having regard to the course and speeds which will be reached.

I understand that should I at the time of the event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

Signature _____ State your age if under 18 _____ Date _____

The following must be completed for each Driver who is under 18 years.

If I am the Parent/Guardian/Guarantor of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA'.

As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1.'

Signed _____ Date _____

Relationship to DRIVER _____

NAME AND ADDRESS OF A RELATIVE OR FRIEND TO BE INFORMED
IN CASE OF A SERIOUS ACCIDENT

Name _____

Address _____

Tel No. _____

'Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these Supplementary Regulations'